



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:)
Samu TAULU) Group Art Unit: N/A
Serial No. 10/572,570) Examiner: N/A
Filed: 09/14/2004) Confirmation No. N/A
For: METHOD AND DEVICE FOR USING A) Date: November 21, 2006
MULTI-CHANNEL MEASUREMENT)
SIGNAL IN SOURCE MODELLING)
(As Amended))

INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In accordance with the duty of disclosure as set forth in 37 C.F.R. §1.56, Applicants hereby submit the following information in conformance with 37 C.F.R. §§ 1.97 and 1.98. Pursuant to 37 C.F.R. § 1.98, a copy of each of the documents cited is enclosed.

The documents are being submitted within three (3) months of the filing of this application or entry into the national stage of this application, or before the first Office Action on the merits, whichever is later, therefore no fee or certification is required under 37 C.F.R. § 1.97(b).

It is requested that the accompanying PTO-1449 be considered and made of record in the above-identified application. To assist the Examiner, the documents are listed on the attached form PTO-1449. It is respectfully requested that an Examiner initial a copy of this form be returned to the undersigned.

The Commissioner is hereby authorized to charge any fees connected with this filing which may be required now, or credit any overpayment to Deposit Account No. 19-2380.

Respectfully submitted,

Donald R. Studebaker
Reg. No. 32,815

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401 9th Street N.W.
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Substitute for form 1449A/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(use as many sheets as necessary)

Complete if Known

Sheet		of		Application Number	10/572,570
				Filing Date	09/14/2004
				First Named Inventor	Samu TAULU
				Art Unit	N/A
				Examiner Name	N/A
				Attorney Docket Number	032700-8

U.S. PATENT DOCUMENTS

Examiner Initials*	Cite No. ¹	U.S. Patent Document Number - Kind Code* (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		US-5,269,325	12/14/1993	Robinson et al.	
		US-6,370,414	04/09/2002	Robinson	
		US-6,374,131	04/16/2002	Tomita et al.	
		US-			
		US-			
		US-			
		US-			
		US-			
		US-			

FOREIGN PATENT DOCUMENTS

Examiner Initials*	Cite No. ¹	Foreign Patent Document Country Code ² Number* Kind Code* (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ³
		EP 1 302 160 A1	04/16/2003	Nakai et al.		
		EP 0 982 597 A2	03/01/2000	Simola et al.		
		EP 0 632 353 A1	01/04/1995	Haramaty et al.		

OTHER PRIOR ART - NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ³
		"Multipole expansions of electromagnetic fields using Debye potentials", C. G. Gray, American Journal of Physics, Vol. 46, pp. 169-179, 1978.	

Examiner Signature	/Janet Suglo/	Date Considered	02/29/2008
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² See Kinds Codes of USPTO Patent Documents at www.uspto.gov or MPEP 901.04. ³ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST.16 if possible. ⁶ Applicant is to place a check mark here if English language Translation is attached.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.



IFW

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/572,570
	Filing Date	09/14/2004
	First Named Inventor	Samu TAULU
	Group Art Unit	N/A
	Examiner Name	N/A
Total Number of Pages in This Submission	Attorney Docket Number	032700-8

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Declaration and Power of Attorney	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Application Data Sheet
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Preliminary Amendment
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380 for the above identified docket number.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Donald R. Studebaker, Reg. No. 32,815 Nixon Peabody LLP 401 9th Street, N.W. Suite 900 Washington, D.C. 20004-2128
Signature	
Date	November 21, 2006

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]	
I hereby certify that this correspondence is being:	
<input type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop _____, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450	
<input type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) _____	
_____ Date	_____ Signature
_____ Typed or printed name	

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. //S.//